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PTO/SB/31 (07-06)
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	Epke BOSMA			
	Application Number			Filed
1450, Alexandria, VA 22313-1450" [37 CFR 1.8(a)] on	10/511,582			April 16, 2009
Signature	For: AUTOMATIC MILK SEPARA			FION
Typed or printed	Art Unit Examiner			
name	3643	Son T. Ng	uyen	
Applicant hereby appeals to the Board of Patent Appeals and Interferences from the decision of the examiner.				
The fee for this Notice of Appeal is (37 CFR 41.20(b)(1))				
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Applicant claims small entity status. See 37 CFR 1.27. Therefore, the fee shown above is reduced by half, and the resulting fee is:				
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☐ A petition for an extension of time under 37 CFR 1.136(a) (PTO/SB/22) is enclosed.				
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☐ applicant/inventor. Signature				Signature
☐ assignee of record of the entire interest.		Jo	ohn A. Ça	astellano
See 37 CFR 3.71. Statement under 37 CFR 3.73(b) is en (Form PTO/SB/96)	closed.		T	yped or printed name
	•	7	03 - 66 4 -8	960
Registration number 35,094				Telephone number
☐ attorney or agent acting under 37 CFR 1.34.				
Registration number if acting under 37 CFR 1.34				
				Date: April 16, 2009
NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below*.				

This collection of information is required by 37 CFR 1.191. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 12 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Petent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR CEMPLETED PERMIT TO THIS DEPARTMENT OF THE DEPARTMENT OF THIS DEPARTMENT OF THIS